You are being invited to participate in this Target: StrokeSM Phase II survey because your hospital was identified by the American Heart Association/American Stroke Association as a Get With the Guidelines - Stroke® participating institution. We are conducting this survey to identify best practices among hospitals nationwide, that increase tPA use among eligible ischemic stroke patients. The information that you provide will help to identify methods of improving care for ischemic stroke patients in order to improve outcomes and increase use of tPA among eligible patients. DCRI is collaborating with the AHA/ASA on this project.

Participation in this survey is voluntary and you are under no obligation to participate. If at any time you would like to stop, you are free to do so. We collect your name and contact information in order to contact you, if necessary, if we have any questions about your survey. Completing the contact information is optional. However, information we receive will be linked to your institution.

I agree to consent to participate in the Target: Stroke Phase II survey.

☐ I agree (1)
☐ I decline (2)
The Duke Clinical Research Institute (DCRI) is assisting the American Heart Association/American Stroke Association by collecting anonymous responses of best practices for acute stroke care through this survey. It is preferable that the Get with the Guidelines – Stroke® (GWTG-Stroke) physician champion at your hospital answer these questions, with input as needed from other care team members. Each hospital should only complete one survey. Your answers should best reflect your hospital’s current practices and experiences. The AHA/ASA greatly values each Target: Stroke℠ participating hospital’s input and the commitment to improving stroke care and outcomes. If you have questions regarding the survey, please contact Mary Paulsen at Mary.Paulsen@heart.org.

For Sections I and II, please reflect upon your hospital’s quality improvement efforts that have been implemented as routine components of acute stroke care.

Section I: On a scale from 0 (never) to 100 (all the time), approximately what percent of time during the past 6 months did your hospital implement this strategy?

Emergency Medical Services (EMS) use of a prehospital stroke screening tool

______ % of the time (1)

Triage to primary or comprehensive stroke center by EMS providers

______ % of the time (1)

Prehospital notification by EMS occurs for patients with suspected acute stroke

______ % of the time (1)

A Rapid Triage Protocol and Stroke Team Notification (e.g. activation of acute stroke team within 15 minutes of arrival) is used

______ % of the time (1)

A single Call Activation System is used (A single-call activation system for the stroke team is defined here as a system in which the Emergency Department (ED) uses a central page operator, who then simultaneously pages the entire stroke team)

______ % of the time (1)
A timer or clock is attached to a chart, clip board, or patient’s bed to display and track time from arrival
_______ % of the time (1)

Transport of patients by EMS directly to the CT/MRI scanner first (with or without very brief assessment while in ER while patient remains on the EMS gurney)
_______ % of the time (1)

Written informed consent is not required prior to IV-tPA administration
_______ % of the time (1)

INR and platelet results are not required prior to tPA administration
_______ % of the time (1)

Interpretation of brain imaging is performed immediately by stroke team members, if waiting for a radiologist's opinion would result in delay
_______ % of the time (1)

Trainees (residents, fellows) are involved in the acute stroke team and perform the initial assessment
_______ % of the time (1)

Pre-mix of tPA as soon as patient is recognized as potential tPA stroke case
_______ % of the time (1)

Initiation of IV-tPA bolus while patient is still in the brain imaging suite
_______ % of the time (1)

Prompt patient-specific data feedback to the ED staff and stroke team about door-to-needle time performance in ischemic stroke (e.g. provide timely feedback so that team members can link the performance feedback to the specific stroke case)
_______ % of the time (1)

Prompt patient-specific data feedback to EMS providers about pre-hospital stroke care and adherence to protocols (e.g. provide timely feedback so that EMS providers can link the performance feedback to the specific stroke case)
_______ % of the time (1)
Decision to administer tPA to patients at your hospital is made by the stroke team...

After in-person evaluation of the patient by the neurologist attending or trainee
______ % of the time (1)

After telestroke only evaluation of the patient by the neurologist attending or trainee
______ % of the time (1)

After telephone only evaluation of the patient by the neurologist attending or trainee
______ % of the time (1)

Decision to administer tPA to patients at your hospital is made by...

Emergency Medicine physician, without input from neurologist or trainee
______ % of the time (1)
Section II  Does your hospital employ any of the following strategies as a routine component of acute stroke care in the past 6 months?

Stroke Tools (Stroke Toolkits usually contain clinical decision support, stroke specific order sets, guidelines, hospital specific algorithms, critical pathways, NIH Stroke Scale, or other stroke tools that are available and utilized or readily available for use for each patient)
- Yes (1)
- No (2)

In-house stroke expertise 24 x 7 (Is there a physician in-house at all times who can initiate the acute stroke evaluation for eligible patients?)
- Yes (1)
- No (2)

Telestroke (teleneurology) system for clinical evaluation if your hospital does not have access to in-house stroke expertise 24 x 7
- Yes (1)
- No (2)

Telestroke system or teleradiology (nighthawk service) system for image interpretation if your hospital does not have access to in-house stroke expertise 24 x 7.
- Yes (1)
- No (2)

tPA is stored in the Emergency Department, in addition to the hospital pharmacy, and can be retrieved, reconstituted and dispensed in the ED
- Yes (1)
- No (2)

Protocol to perform brain imaging (CT scan or MRI) within 25 minutes of arrival and complete interpretation of the CT or MRI scan within 45 minutes of ED arrival prior to administration of IV-tPA
- Yes (1)
- No (2)

CT/MRI scanner used for stroke patients is physically located in the ED
- Yes (1)
- No (2)

Policy in place that CT/MRI scanner used for stroke patients assigns highest priority to scanning acute stroke patients
- Yes (1)
- No (2)
Rapid central laboratory testing is routinely available (PT/INR, platelet count, serum chemistries, glucose, if indicated, resulted within 25 minutes of blood draw)
- Yes (1)
- No (2)

Point of care testing is routinely available (PT/INR, platelet count, glucose, if indicated)
- Yes (1)
- No (2)

Protocol for routinely pre-mixing tPA (protocol to mix tPA and set up the bolus dose and one-hour infusion pump as soon as a patient is recognized as a likely tPA candidate, even before brain imaging.)
- Yes (1)
- No (2)

A team-based approach to stroke care (defined as an interdisciplinary collaborative team for stroke performance improvement efforts which meets at least quarterly to review the hospital's process and make recommendations for improvement)
- Yes (1)
- No (2)

Protocol for rapid admission to stroke unit or ICU for patients who receive IV-tPA
- Yes (1)
- No (2)

Protocol for rapid administration of IV-tPA for patients with in-hospital acute ischemic stroke (e.g. protocol for initiation of IV-tPA within 60 minutes of symptom onset for patients with in-hospital stroke)
- Yes (1)
- No (2)
Section III  For the following questions, please reflect upon your hospital’s performance on acute stroke care within the past 6 months. How often does your hospital meet the following time interval goals?

Perform an initial evaluation within 10 minutes of patient arrival in the emergency department

_____ % of the time (1)

Notify the stroke team within 15 minutes of arrival

_____ % of the time (1)

Initiate a CT/MRI scan within 25 minutes of arrival

_____ % of the time (1)

Interpret the CT/MRI scan within 45 minutes of arrival

_____ % of the time (1)

Achieve a door-to-needle time for IV-tPA within 60 minutes from arrival among patients receiving tPA

_____ % of the time (1)

Achieve a door-to-needle time for IV-tPA within 45 minutes from arrival among patients receiving tPA

_____ % of the time (1)

IV-tPA only treated ischemic stroke patients arrive to the stroke unit within 3 hours from arrival (door-to-unit) time

_____ % of the time (1)

Initiation of telestroke link within 20 minutes of possible diagnosis (diagnosis-to-link time)

_____ % of the time (1)

Initiation of telestroke link within 20 minutes of possible diagnosis (diagnosis-to-link time)

_____ % of the time (1)
Section IV For the following questions, please reflect upon what your hospital may be able to achieve in terms of door-to-needle time performance over the next 24 months. In what percentage of tPA treated patients do you believe your hospital can meet the following time interval goals:

Among patients receiving tPA, achieve a door-to-needle time for IV-tPA within 60 minutes from arrival
_____ % of the time (1)

Among patients receiving tPA, achieve a door-to-needle time for IV-tPA within 45 minutes from arrival among patients receiving tPA
_____ % of the time (1)
Section V  For the following questions please describe your participation and use of a Telestroke program

Does your hospital currently use a telestroke program (use of telemedicine, telephone, internet, or videoconferencing, from one site to another, specifically for stroke care?)
- Yes (1)
- No (2)

Which telestroke components are routinely utilized? Please check all that apply.
- Telephone (1)
- Video (2)
- Radiology (3)

As a recipient (spoke) site or as a provider (hub) of telestroke consultation?
- Recipient (spoke, requests telestroke consultations from remotely located stroke neurologists) (1)
- Provider (hub, provides telestroke consultations for patients at other hospitals) (2)

If recipient, what percentage of acute ischemic stroke telestroke patients were:

"Drip and ship" (administered tPA and then transferred to another hospital for admission)
______ % of the time (1)

"Drip and keep" (administered tPA and then patient to your hospital)
______ % of the time (1)

Do you receive your telestroke support services from the hospital to which you transfer your "drip and ship" patients?
______ % of the time (1)
Section VI

Please provide the name and contact info for your hospital

Hospital Name

Hospital City

Hospital State

Hospital Address

Hospital Zip code

GWTG-Stroke ID, if applicable

Please indicate the professional or occupational group of the person completing the form (check all that apply)

- ABPN-certified vascular neurologist (1)
- Neurologist (not ABPN-certified in Vascular Neurology) (2)
- Stroke Rehabilitation Physician (3)
- Emergency Medicine Physician (4)
- Neuroradiologist (5)
- Hospitalist or other MD (e.g. internist, cardiologist, family medicine) (6)
- Stroke Advance Practice Nurse (7)
- Stroke Unit Nurse (8)
- Emergency Medicine Nurse (9)
- Stroke Rehabilitation Nurse (10)
- Nurse-other (11)
- Pharmacist/PharmD (12)
- Emergency Medicine Quality Management (13)
- Hospital Quality Management (14)
- Hospital Administration (15)
- Emergency Medical Services Personnel (16)
- Other, please specify below: (17)

If Other, please specify:
Please indicate the professional or occupational group of the Stroke Team Leader if your hospital has a dedicated stroke team (check all that apply)

- ABPN-certified vascular neurologist (1)
- Neurologist (not ABPN-certified in Vascular Neurology) (2)
- Stroke Rehabilitation Physician (3)
- Emergency Medicine Physician (4)
- Neuroradiologist (5)
- Hospitalist or other MD (e.g. internist, cardiologist, family medicine) (6)
- Stroke Advance Practice Nurse (7)
- Stroke Unit Nurse (8)
- Emergency Medicine Nurse (9)
- Stroke Rehabilitation Nurse (10)
- Nurse-other (11)
- Pharmacist/PharmD (12)
- Emergency Medicine Quality Management (13)
- Hospital Quality Management (14)
- Hospital Administration (15)
- Emergency Medical Services Personnel (16)
- Other, please specify below: (17)
- NA (18)

If Other, please specify:

Has the same personal served as stroke champion over the last 5 years?

- Yes (1)
- No (2)

Name of person completing form:

First Name

Last Name

Telephone

Email

Today's date

Optional: Take a moment to tell us about a strategy you are already using that has been helpful in reducing your door-to-needle times. Successful strategies identified by front line staff are critical to building and revising the national Target: StrokeSM strategies.
Thank you for participating in Target: Stroke℠ and completing the survey. We appreciate your time and interest. Please click the arrow at the bottom of the page to finish the survey.